



**TESTIMONY OF
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WESTERN CONNECTICUT HEALTH NETWORK
SUBMITTED TO THE
APPROPRIATIONS COMMITTEE
Thursday, February 18, 2016**

**HB 5044, An Act Making Adjustments to State Expenditures for the Fiscal
Year Ending June Thirtieth 2017**

Thank you for the opportunity to speak to you today. I am Dr. Katherine Michael a practicing psychiatrist for 20 years, on the medical staff of Danbury, Norwalk and New Milford Hospitals and now engaged in strategic planning and implementation of population health strategies for Western Connecticut Health Network. Today, I would like to speak to you about the proposed budget reductions to the Department of Mental Health and Substance Abuse and in particular, the obliteration of funding for statewide Community Care Teams. As a reminder, Community Care Teams are cooperatives of hospitals and community providers working together for our most vulnerable citizens: those who are homeless, chronically medically and mentally ill and substance abusing.

I also serve as co-chair of the Opening Doors Fairfield County, Health and Housing Stability Subcommittee, which spawned the Fairfield County Community Care Team Leadership Committee, an innovative regional collaborative of Bridgeport, Danbury, Norwalk and Stamford Community Care Teams. I'd like to share with you the results of these teams.

- Norwalk's CCT, begun two years ago, has served almost 200 individuals, helped house more than 50, linked many to specialty care and achieved a reduction in ED visits by over 35%.
- Stamford's CCT, operating for over a year, has achieved more than 60% reduction in costs for four of its most vulnerable patients amounting to \$378,000.
- Danbury's team, operating for one year, has served 85 individuals, 70% of whom were homeless at the time of referral. It has assisted in acquiring housing for more than 20 individuals and reduced Danbury Hospital Emergency Department utilization by 35%.

- Bridgeport's CCT, begun one year ago has created care plans for 45 individuals, 17 of whom were homeless. ED utilization by five of their highest users decreased by more than 60%.

To put this in personal terms, I would like to share the story of JV who is followed by the Norwalk Community Care Team. Homeless, in his mid 50s with severe alcohol use disorder, JV visited the Norwalk Emergency Department 110 times in fiscal year 2014. The CCT took his case and working together, referred him to a 90 day rehabilitation program not once but twice, monitored his care and organized a disposition plan that included housing and case management. A year later, while not completely abstinent, he remains housed and has not been back to the ED.

You may wonder why, if the hospitals are supporting this work so effectively, is state funding necessary. There are several reasons. First, the evidence clearly shows that these teams cannot be successful without having at least one dedicated navigator. For each of the Fairfield County CCT's, the navigator has been at least partially grant funded, money that is not expected to continue. And hospitals, still reeling from the unexpected and debilitating tax burden will not have the wherewithal to support positions that do not provide direct patient care in revenue generating services.

Secondly, the opiate related overdose deaths in Connecticut continue to climb and will require a multi faceted approach to combat. In addition to having treatment sites available, we will need people on the ground—in emergency departments—to link individuals to treatment. Community Care Team Navigators do just that.

In addition to opposing budget cuts in mental health care services, I strongly urge you to support funding the Community Care Team Initiative which represents one of the truest and most direct paths to achieving the goal of the Triple Aim: higher quality healthcare, improved patient experience and decreased costs.

Thank you for your time and attention.